



Incident Report

Print Date/Time: 12/22/2016 11:22

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00025257

Incident Date/Time: 12/19/2016 2:34:00 PM
Location: 3100 SR 9 NE
MARYSVILLE WA 98270
Phone Number: (425) 501-3119
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call: POSTED TO CITY WEBSITE

Unit/Personnel

Unit	Personnel
1947	SS0136-Shein
1948	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	EDWARDS, CAMERON		(425) 501-3119			
2	Involved Party	BERGER, BRITNEY TE	814 74TH DR SE Lake Stevens WA 982583607	(425) 397-6489		Female	07/05/2000
3	Involved Party	EDWARDS, CAMERON THOMAS	12417 30TH PL NE Lake Stevens WA 982588051	(425) 772-9609		Male	06/02/2000
4	Involved Party	MCINNIS, ANDREA JENE	3311 SCHWARZMILLER RD Lake Stevens WA 982589290	(425) 308-7680		Female	04/22/1980

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2006	Ford	Focus		AMB5452	WA
Involved Vehicle	Passenger Car	2002	Lexus	ES300		BBC3747	WA
Involved Vehicle	Passenger Car	1996	Toyota	Corolla		AIV1450	WA

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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12/19/2016 : 14:35:41 SP0320 Narrative: SIL PC VS BLU PC VS GREEN PC, AT MEDIAN
12/19/2016 : 14:35:24 SP0320 Narrative: CC, SB, NON INJ, BLKG

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E622671**CASE # **2016-00025257**LOCAL AGENCY
CODING **0311900**TOTAL # OF
UNITS **03**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **12** - **19** - **2016** **1435** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**STATE ROUTE 9 NE**BLOCK NO. ☒**3100**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)
0 **25** MILES ☒ N ☐ E ☐ S ☒ W **SOPER HILL RD**

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4253976489LAST NAME **BERGER**FIRST NAME **BRITNEY**MIDDLE
INITIAL **T**STREET
NEW ADDRESS **814 74TH DR SE**CITY **LAKE STEVENS**ST **WA**

ZIP

982583607

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE # **BERGEBT006ME**STATE **WA**SEX **F**D.O.B.
MMDDYYYY **07** - **05** - **2000**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE **2**INJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **AIV1450**STATE **WA**

VIN#

1NXBB02E2TZ467960TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **1996**MAKE **TOYO**MODEL **COA4D**STYLE **SD**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

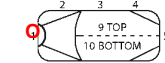
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **TIMOTHY BERGER 814 74TH DR SE LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **FARMERS 186085820**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4257729609LAST NAME **EDWARDS**FIRST NAME **CAMERON**MIDDLE
INITIAL **T**STREET
NEW ADDRESS **12417 30TH PL NE**CITY **LAKE STEVENS**ST **WA**

ZIP

982588051

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE # **EDWARCT004LB**STATE **WA**SEX **M**D.O.B.
MMDDYYYY **06** - **02** - **2000**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE **2**INJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **BBC3747**STATE **WA**

VIN#

JTHBF30G725008400TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2002**MAKE **LEXS**MODEL **ES34D**STYLE **SD**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

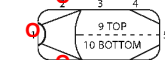
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **DARCI EDWARDS 12417 30TH PL NE LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **USAA 008493668C**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

B. FISKE #0138

BADGE OR ID #

0138

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF **4**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E622671**CASE # **2016-00025257**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

V3 was stopped for traffic in the left southbound lane of the 3100 block of SR 9 NE. V2 was traveling southbound behind V3 and was slowing for traffic. V1 struck V2 in the rear, pushing V2 into V3.

Driver of V2 stated he was struck first in the rear before hitting V3. Driver of V2 stated traffic was stopping very fast in front of him and he was using his breaks when he was struck.

All vehicles were able to be driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
12-20-16 04:17 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

C. WELLS 0131
12/21/2016 7:33:20 AM

BADGE OR ID #	0138	ORI #	WA0311900	TIME POLICE DISPATCHED	2:36 PM	TIME POLICE ARRIVED	2:40 PM
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**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**

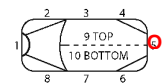

013197

REPORT NO. E622671
CASE # 2016-00025257
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # **USDOT** **IOC #** **VEHICLE TYPE** **CARGO BODY TYPE**
CARRIER NAME
CARRIER ADDRESS
CITY **ST** **ZIP**
NAME SOURCE **# AXLES** **GVWR** **PLACARD** **+** **NAME IF NO NUMBER**
ADDITIONAL UNITS
UNIT # **3** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☒ **NO** ☐ **PHONE** **D: 4253087680**
LAST NAME **MCINNIS** **FIRST NAME** **ANDREA** **MIDDLE INITIAL** **J**
STREET NEW ADDRESS **3311 SCHWARZMILLER RD**
CITY **LAKE STEVENS** **ST** **WA** **ZIP** **982589290**
CDL **RESTRICTIONS** **ENDORSEMENTS**
DRIVER'S LICENSE # **MCINNAJ209J2** **STATE** **WA** **SEX** **F** **D.O.B.** **MMDDYYYY** **04** - **22** - **1980**
ON DUTY ☐ **STATUS** **AIRBAG** **2** **RESTR.** **4** **EJECT** **1** **HELMET USE** **2** **INJURY CLASS** **7** **NATURE OF INJURIES** **BACK SORENESS**
LICENSE PLATE # **AMB5452** **STATE** **WA** **VIN#** **1FAHP34N06W249996**
TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR **2006** **MAKE** **FORD** **MODEL** **FOC4D** **STYLE** **4D** **VEHICLE TOWED** **YES** ☐ **NO** ☒ **TOWED BY** **GOVT. VEHICLE** **YES** ☐ **NO** ☒

 REGISTERED OWNER INFO. **ANDREA MCINNIS 3311 SCHWARZMILLER RD LAKE STEVENS WA 98258**
LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** **EAGLE WEST INS 25PAC21832837**
VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☒ **CITATION #** **CHARGE**

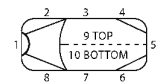
SHADE IN DAMAGED AREA


UNIT # **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☐ **PHONE**
LAST NAME **FIRST NAME** **MIDDLE INITIAL**
STREET NEW ADDRESS
CITY **ST** **ZIP**
CDL **RESTRICTIONS** **ENDORSEMENTS**
DRIVER'S LICENSE # **STATE** **SEX** **D.O.B.** **MMDDYYYY** - -
ON DUTY ☐ **STATUS** **AIRBAG** **RESTR.** **EJECT** **HELMET USE** **INJURY CLASS** **NATURE OF INJURIES**
LICENSE PLATE # **STATE** **VIN#**
TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR **MAKE** **MODEL** **STYLE** **VEHICLE TOWED** **YES** ☐ **NO** ☐ **TOWED BY** **GOVT. VEHICLE** **YES** ☐ **NO** ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #**
VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** **CHARGE**

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
12-20-16 04:17 PM

INVESTIGATING OFFICER'S SIGNATURE _____ UNIT OR DIST DET _____

DATED: _____ PLACE SIGNED _____

BADGE OR ID # **0138** **ORI #** **WA0311900** **APPROVED BY** **WELLS** **DATE** **12/21/201** **PAGE** **3** **OF** **4**

REPORT NO. E622671

CASE # 2016-00025257

DATE AND TIME
OF COLLISION 12/19/16 14:35

